

032204

16560

**U.S.P.T.O.**  
**UTILITY**  
**PATENT APPLICATION**  
**TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	6639P019
First Inventor	Mitsuyoshi Tanimoto, et al.

Title	A Display Support Mechanism for an Electronic Apparatus
-------	---

Express Mail Label No.	EV323394162US
------------------------	---------------

7302 U.S.P.T.O.  
07805848  
032204**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents

- |   |   |
|---|---|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br><i>(Submit an original and a duplicate for fee processing)</i>   | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program ( <i>Appendix</i> )  |
| 2. <input type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27.   | 8. Nucleotide and/or Amino Acid Sequence Submission<br><i>(if applicable, all necessary)</i>  |
| 3. <input checked="" type="checkbox"/> Specification<br><i>(preferred arrangement set forth below)</i><br>- Descriptive title of the Invention<br>- Cross References to Related Applications<br>- Statement Regarding Fed sponsored R & D<br>- Reference to sequence listing, a table, or a computer program listing appendix<br>- Background of the Invention<br>- Brief Summary of the Invention<br>- Brief Description of the Drawings ( <i>if filed</i> )<br>- Detailed Description<br>- Claim(s)<br>- Abstract of the Disclosure | a. <input type="checkbox"/> Computer Readable Form (CRF)<br>b. Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or<br>ii. <input type="checkbox"/> paper<br>c. <input type="checkbox"/> Statements verifying identity of above copies |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <i>[Total Sheets 22 ]</i>   | 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))  |
| 5. Oath or Declaration (signed) <i>[Total Pages 5 ]</i>   | 10. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br><i>(when there is an assignee)</i>   |
| a. <input checked="" type="checkbox"/> Newly executed (original or copy)  | 11. <input type="checkbox"/> English Translation Document ( <i>if applicable</i> )  |
| b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d))<br><i>(for continuation/divisional with Box 18 completed)</i>   | 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations   |
| i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u><br>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).   | 13. <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Application Amended to Reflect Claim of Priority  |
| 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76   | 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><i>(Should be specifically itemized)</i>  |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:   | 15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br><i>(if foreign priority is claimed)</i>  |
| <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)   | 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).<br>Applicant must attach form PTO/SB/35 or its equivalent.  |
| Prior application Information: Examiner _____ Unassigned  | 17. <input type="checkbox"/> Other: _____   |

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS** Customer Number

08791

or  Correspondence address below

Name	Blakely, Sokoloff, Taylor & Zafman LLP				
Address	12400 Wilshire Boulevard, 7th Floor				
City	Los Angeles	State	California	Zip Code	90025
Country		Telephone	(714) 557-3800	Fax	(714) 557-3347

Name (Print/Type) William W. Scharál

Registration No. (Attorney/Agent) 39,018

Signature

Date 03/22/04

16569  
U.S. PTO

# **FEE TRANSMITTAL for FY 2004**

*Effective 10/01/2004. Patent fees are subject to annual revision.*

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT** (\$ 1,030.00)

Complete if Known	
Application Number	Unassigned
Filing Date	March 22, 2004
First Named Inventor	Mitsuyoshi Tanimoto
Examiner Name	Unassigned
Art Unit	Unassigned
Attorney Docket No.	6639P019

**METHOD OF PAYMENT** (*check all that apply*)

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None
<input checked="" type="checkbox"/> Deposit Account				

**Deposit  
Account  
Number** 02-2666

**The Commissioner is authorized to:** (check all that apply)

Charge fee(s) indicated below       Credit any overpayments

Charge any additional fee(s) or underpayment of fees as required under 37 CFR  
§§ 1.16, 1.17, 1.18 and 1.20.

Charge fee(s) indicated below, except for the filing fee  
to the above-identified deposit account

## **FEE CALCULATION**

## **1. BASIC FILING FEE**

Large Entity		Small Entity			Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	
1001	770	2001	385	Utility filing fee	770.00
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

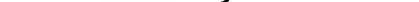
## **2. EXTRA CLAIM FEE**

Total Claims		Claims below	Fee Paid
Independent Claims	23 4	20* = 3 . X 18.00 = \$54.00 3* = 1 X 86.00 = \$86.00	
Multiple Dependent			

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple Dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

*\*\*or number previously paid, if greater. For Reissues, see below*

**SUBMITTED BY**

Name (Print/Type)	William W. Schaal	Registration No. (Attorney/Agent)	39,018	Telephone	(714) 557-3800
Signature				Date	03/22/04

Based on PTO/SB/17 (10-03) as modified by Blakely, Solokoff, Taylor & Zafman (wlr) 02/10/2004.  
SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450